

Child and Adult Care Food Program Administrative Budget

1a. Administrative Labor and Taxes (salaried employees only). Please complete all information for salaried employees. Round figures to the nearest dollar. Exclude fringe benefits.

Salaried Employees			Hours Worked per Month			Monthly Required Tax		Totals	
1 Employee Name	2 Work Hours	3 Gross Monthly Rate	4 Total Hours for Agency	5 Total Hours for CACFP	6 Percent of Total Hours Worked for CACFP	7 Total Required Employer Taxes	8 Total Required Employer Taxes Paid by CACFP	9 Monthly Cost to CACFP	10 Annual Cost to CACFP
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
							11	Grand Total	\$

Have hourly wages been increased over the approved prior year budget level? ☐ YES ☐ NO

If yes, date increase is effective _____

Percentage of increase _____

Nature of increase _____

(e.g., cost-of-living or merit/longevity increase)

Cost of living increases must be based on current, generally accepted statistical data. Merit/longevity increases must be based on a state agency-approved compensation plan approved by the sponsor's board of directors.

1b. Administrative Labor and Taxes (hourly employees only). Please complete all information for hourly employees. Exclude fringe benefits.

Hourly Employees			Hours Worked per Month			Monthly Required Tax		Totals	
1 Employee Name	2 Work Hours	3 Gross Hourly Rate	4 Total Hours for Agency	5 Total Hours for CACFP	6 Percent of Total Hours Worked for CACFP	7 Total Required Employer Taxes	8 Total Required Employer Taxes Paid by CACFP	9 Monthly Cost to CACFP	10 Annual Cost to CACFP
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
							11		
							Grand Total	\$	

Have hourly wages been increased over the approved prior year budget level? ☐ YES ☐ NO

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 Percentage of increase _____
 Nature of increase _____
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(USE 1c and 1d FOR CACFP EMPLOYEE SALARIES FUNDED WITH NON-CACFP FUNDS)

1c. Administrative Labor and Taxes (salaried employees only). Please complete all information for salaried employees. Round figures to the nearest dollar. Exclude fringe benefits.

Indicate source of funding (by employee): _____

Salaried Employees			Hours Worked per Month			Monthly Required Tax		Totals	
1	2	3	4	5	6	7	8	9	10
Employee Name	Work Hours	Gross Monthly Rate	Total Hours for Agency	Total Hours for CACFP	Percent of Total Hours Worked for CACFP	Total Required Employer Taxes	Total Required Employer Taxes Paid by CACFP	Monthly Cost to CACFP	Annual Cost to CACFP
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
							11	Grand Total	\$

Have hourly wages been increased over the approved prior year budget level? ☐ YES ☐ NO

If yes, date increase is effective _____

Percentage of increase _____

Nature of increase _____

(e.g., cost-of-living or merit/longevity increase)

Cost of living increases must be based on current, generally accepted statistical data. Merit/longevity increases must be based on a state agency-approved compensation plan approved by the sponsor's board of directors.

1d. Administrative Labor and Taxes (hourly employees only). Please complete all information for hourly employees. Exclude fringe benefits.

Indicate source of funding (by employee): _____

Hourly Employees			Hours Worked per Month			Monthly Required Tax		Totals	
1 Employee Name	2 Work Hours	3 Gross Hourly Rate	4 Total Hours for Agency	5 Total Hours for CACFP	6 Percent of Total Hours Worked for CACFP	7 Total Required Employer Taxes	8 Total Required Employer Taxes Paid by CACFP	9 Monthly Cost to CACFP	10 Annual Cost to CACFP
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
		\$			%	\$	\$	\$	\$
							11	Grand Total	\$

Have hourly wages been increased over the approved prior year budget level? [] YES [] NO

If yes, date increase is effective _____

Percentage of increase _____

Nature of increase _____
(e.g., cost-of-living or merit/longevity increase)

Cost of living increases must be based on current, generally accepted statistical data. Merit/longevity increase must be based on a state agency-approved compensation plan approved by the sponsor's board of directors.

Total of labor and taxes (lines 1a through 1d): **LABOR** \$ _____

2. Benefits. Please complete all information for salaried and hourly employees

	Health Insurance				Dental Insurance				Life Insurance			
1 Employee Name	2 Total Monthly Amt Paid by Agency	3 Total Monthly Amt Paid by CACFP	4 CACFP (% paid)	5 Employee (% paid)	6 Total Monthly Amt Paid by Agency	7 Total Monthly Amt Paid by CACFP	8 CACFP (% paid)	9 Employee (% paid)	10 Total Monthly Amt Paid by Agency	11 Total Monthly Amt Paid by CACFP	12 CACFP (% paid)	13 Employee (% paid)
	\$	\$	%	%	\$	\$	%	%	\$	\$	%	%
	\$	\$	%	%	\$	\$	%	%	\$	\$	%	%
	\$	\$	%	%	\$	\$	%	%	\$	\$	%	%
	\$	\$	%	%	\$	\$	%	%	\$	\$	%	%
	\$	\$	%	%	\$	\$	%	%	\$	\$	%	%
	\$	\$	%	%	\$	\$	%	%	\$	\$	%	%
	\$	\$	%	%	\$	\$	%	%	\$	\$	%	%
	\$	\$	%	%	\$	\$	%	%	\$	\$	%	%
	\$	\$	%	%	\$	\$	%	%	\$	\$	%	%
	\$	\$	%	%	\$	\$	%	%	\$	\$	%	%
	\$	\$	%	%	\$	\$	%	%	\$	\$	%	%
	\$	\$	%	%	\$	\$	%	%	\$	\$	%	%
	\$	\$	%	%	\$	\$	%	%	\$	\$	%	%
	\$	\$	%	%	\$	\$	%	%	\$	\$	%	%
	\$	\$	%	%	\$	\$	%	%	\$	\$	%	%

2. Benefits (continued)

14 Employee Name	Retirement				Other (identify)					
	15 Total Monthly Amt Paid by Agency	16 Total Monthly Amt Paid by CACFP	17 CACFP (% paid)	18 Employee (% paid)	19 Total Monthly Amt Paid by Agency	20 Total Monthly Amt Paid by CACFP	21 CACFP (% paid)	22 Employee (% paid)	23 Monthly Cost to CACFP	24 Annual Cost to CACFP
	\$	\$	%	%	\$	\$	%	%	\$	\$
	\$	\$	%	%	\$	\$	%	%	\$	\$
	\$	\$	%	%	\$	\$	%	%	\$	\$
	\$	\$	%	%	\$	\$	%	%	\$	\$
	\$	\$	%	%	\$	\$	%	%	\$	\$
	\$	\$	%	%	\$	\$	%	%	\$	\$
	\$	\$	%	%	\$	\$	%	%	\$	\$
	\$	\$	%	%	\$	\$	%	%	\$	\$
	\$	\$	%	%	\$	\$	%	%	\$	\$
	\$	\$	%	%	\$	\$	%	%	\$	\$
	\$	\$	%	%	\$	\$	%	%	\$	\$
	\$	\$	%	%	\$	\$	%	%	\$	\$
	\$	\$	%	%	\$	\$	%	%	\$	\$
									25 Grand Total	
									\$	

BENEFITS \$ _____